

LEAVE REQUEST/AUTHORIZATION (See Privacy Act Statement and General Instructions below)			SECTION I		
		TO: ACFP	1. DATE OF REQUEST	2. TYPE OF TRANSACTION (1-5) (AFO Use Only)	
3. SSN (6-14)	NAME (Last, First, Middle Initial) (15-19)		5. GRADE	6. CURRENT LV BALANCE	6a. DOS
7. RECOMMEND CONVALESCENT LEAVE FROM _____ TO _____		8. TYPE OF LEAVE (Check one) <input type="checkbox"/> Terminal (P) <input type="checkbox"/> Reenlistment (E) <input type="checkbox"/> Emergency (D) <input type="checkbox"/> Graduation (J) <input type="checkbox"/> Ordinary (A) <input type="checkbox"/> Appellate Review (R) <input type="checkbox"/> Convalescent (F) <input type="checkbox"/> Special (H) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Permissive TDY (T) _____		PTDY Reason (AFI 36-3003)	
PROVIDER'S SIGNATURE & STAMP		REMARKS:			
9. NO. DAYS REQUESTED (33-35)	10. LEAVE AUTH NO. (37-43)	11. FIRST DAY/TIME OF LV STATUS	12. FIRST DAY OF CHARGEABLE LV (47-52)	13. LAST DAY OF CHARGEABLE LV (53-58)	
14. LEAVE AREA (36) <input type="checkbox"/> CONUS <input type="checkbox"/> OS <input type="checkbox"/> OS to CONUS		15. EMERGENCY PHONE NO.		16. LEAVE ADDRESS (Street, City, State, Zip Code, and Phone No.)	
17. DUTY PHONE NO.	18. UNIT	19. DUTY SECTION			
20. DUTY LOCATION					
<b>LEAVE REQUEST CERTIFICATION:</b> I acknowledge that the leave requested by me will be charged against my leave account unless otherwise cancelled or corrected through Part III of this form. In addition, if I cannot earn enough leave before separation to cover this request, I consent to withholding from current pay, final pay, or any other pay due me to satisfy this indebtedness. I understand that there is no actual debt until my final separation from the Air Force; however, I consent to this withholding of pay in anticipation of the indebtedness for the unearned portion of my leave balance. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my requested or projected separation date, and understand that this could result in the withholding of 100% of any current pay, final pay, or any other money due me. I have read the instructions on PART II.					
21. MEMBER'S SIGNATURE		22. LEAVE IS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED    DATE _____			
23. SUPERVISOR'S NAME AND GRADE (Print or Type)		24. DUTY PHONE NO.		25. SUPERVISOR'S SIGNATURE	
SECTION II (For member's use to record data for leave originating outside CONUS)					
DATE/TIME DEPART PERM DUTY STATION	DATE/TIME RETURN PERM DUTY STATION	DATE DEPART DESG PAY AREA	DATE ARR CONUS	DATE DEPART CONUS	DATE RETURN DESG PAY AREA
<b>INSTRUCTIONS FOR MEMBERS DEPARTING ON LEAVE</b>					
1. If you take more leave than you will accumulate before date of separation (DOS), the AFO immediately collects all pay and allowances you receive during the period of excess leave. 2. Remember: a. Your leave is normally effective on the date you include in your leave request as "first day of chargeable leave." b. If you want to change your starting or projected return date before departing on leave, you must notify the leave-approving authority. c. When you sign up for space-available transportation, you have started a period of leave. Once space-available travel has been signed for, leave is charged according to the table on Part III. (Authority: AFR 35-9). 3. You must be in the local area of your permanent duty station before start, and upon completion of leave. Local area is defined as the place of residence or home from which the member commutes to the duty station on a daily workday basis. 4. Before departure, you must have an approved leave authorization (AF Form 988, Leave Request/Authorization) or special order and enough funds for expenses, including costs for travel. Do not assume you can return on time by military air transportation. 5. You must be able to be contacted through the address or phone number shown on your leave authorization. Members with key mobility deployment responsibilities must notify their unit mobility officer, NCO or alternate of scheduled leave as soon as possible before departure. 6. If you need an extension of leave, call or send a telegram to the individual who approved your leave. If you are on emergency leave, ask the nearest American Red Cross chapter to verify the continuing emergency to the leave-approving authority. 7. If you require medical or dental treatment while on leave, go to the nearest uniformed services treatment facility. If you must be treated for an emergency at a civilian facility, instruct the civilian source of care to submit a claim for payment to the nearest Air Force medical treatment facility/Resource Management Office. The claim must be itemized, including diagnosis, medical records, your pay grade, military address, and SSN. a. If you are hospitalized in a military medical treatment facility, ensure that your organization of assignment is notified as soon as possible. b. If you are hospitalized in a civilian facility, notify the nearest Air Force medical treatment facility (Patient Affairs Office) as soon as possible. 8. If you are in need of funds, go to the nearest Air force finance office and show this leave form and current Leave and Earnings Statement (LES). Casual payments, if authorized, cannot exceed unpaid pay and allowances to date. If you do not have your LES, you may experience a delay. 9. Observe all traffic rules if you travel by automobile. 10. If you plan to travel by commercial air at reduced rates, contact the airline to learn what documents you need. 11. It is your responsibility to return to your permanent duty station or obtain a leave extension from your supervisor before expiration date of your leave. 12. If travelling by DOD-owned aircraft, MAC contract flights, or commercial air, you must comply with dress requirements according to AFR 35-10, Chapter 6. 13. Personnel possessing a DD Form 714, Meal Card, or DD Form 2 AF, when used in lieu of a meal card, must not use either identification to obtain meals while on leave. 14. During PTDY, days not used for reason stated in Section I, block 8, are chargeable as leave. Proof of use may be required. 15. You must meet all appointments while on leave or reschedule the appointments before departure. 16. Before you depart on leave, you should complete DD Form 2258. Temporary Mail Disposition Instructions, at the Postal Service Center, to direct your mail during your leave.					